

(See Reverse Side for Instructions)

1. NAME OF COMMITTEE IN FULL <b>Friends of Val Arkoosh</b>							
ADDRESS (number and street)    P.O. Box 1011							
CITY, STATE, and ZIP CODE Glenside    PA                      19038							
2. NAME OF CANDIDATE Val Arkoosh			3. OFFICE SOUGHT (State and District) House                      PA              13			4. FEC IDENTIFICATION NUMBER C00542571	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____							
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>F. Lynn Leverett</b>  7604 SW 178th Ter   Palmetto Bay    FL    33157-6431				Name of Employer None  <b>Transaction ID : VN8HHCPGXE8</b> Occupation Retired Physician		Date (month, day, year)  05/03/2014   Amount   1000.00	
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE</b>  1125 Executive Cir   Irving    TX    75038-2522				Name of Employer   <b>Transaction ID : VN8HHCPGXC2</b> Occupation		Date (month, day, year)  05/03/2014   Amount   2500.00	
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>				Name of Employer   Occupation		Date (month, day, year)   Amount	
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>				Name of Employer   Occupation		Date (month, day, year)   Amount	
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>				Name of Employer   Occupation		Date (month, day, year)   Amount	
SIGNATURE (optional) Margaret Sager  <div>[Electronically Filed]</div>				DATE 05/04/2014		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

**FEC FORM 6**  
(Revised 07/2011)